

Missouri Department of Elementary and Secondary Education

Division of Special Education

**Report on First Steps Children Identified through the Newborn
Hearing Screening Program**

October 2006

Under the Newborn Hearing Screening law, Section 191.931 RSMo, the Missouri Department of Elementary and Secondary Education shall “monitor the delivery of early intervention services to those infants identified by the newborn hearing screening program and report annually to the department of health.”

This report is divided into seven sections as follows:

1. Analysis of the number of children enrolled in First Steps and identified through the newborn hearing screening program during calendar year 2005.
2. Early intervention services provided to Newborn Hearing Screening children under an Individualized Family Services Plans (IFSP).¹
3. Amplification or other assistive technologies children are receiving under an IFSP to address hearing loss.
4. Children with Sensorineural or Conductive Hearing Loss
5. Children identified in 2002 and their progress within the First Steps program.
6. Children identified in 2003 and their progress within the First Steps program.
7. Children identified in 2004 and their progress within the First Steps program.

Personally identifiable information has been redacted pursuant to provisions of the Family Educational Rights and Privacy Act (FERPA), incorporated by reference in the Individuals with Disabilities Education Act (IDEA).

Section One: Children Identified by the Newborn Hearing Screening program and enrolled in the First Steps program

Based on the Department of Health and Senior Services' (DHSS) four-year list of 637 children born in Missouri in the years 2002-2005 and identified through the Newborn Hearing Screening (NHS), a total of 312 children (49.0%) were found in the First Steps database as of October 2, 2006, meaning they had, at the very least been referred for eligibility determination to a First Steps office at some point. This compares to 47.3% (223 of 471) found in the 2005 report, 44.9% (135 of 301) in the 2004 report, and 31.0% (45 of 135) in the 2003 report.

Of the 166 children on the Hearing Screening list and born in 2005, 71 were found in the First Steps database (42.8%); 55 had been determined eligible for First Steps services based on one of Missouri's First Steps program eligibility criteria (50% delay in one developmental domain, medical condition associated with mental retardation/developmental delay, physician confirmation of other condition associated with mental retardation/developmental delay, or very low birth weight ²)

¹ Previous DSE Newborn Hearing Screening reports focused on services given to those born in the last calendar year listed for the report (e.g. the September 2004 report focused mainly on children born in calendar year 2003). Now that there is a larger number of NHS-related children in the First Steps program, this year's report will focus on services provided to all NHS children found in the First Steps database instead of those born in one calendar year.

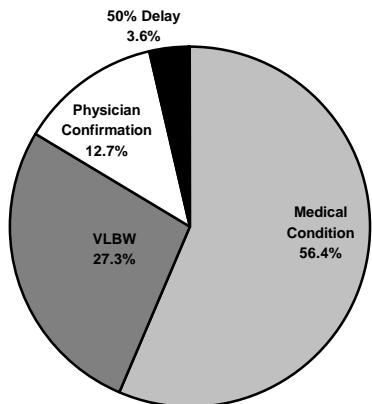
² The First Steps eligibility criteria are the same as in previous years; however, in the WebSPOE system, the “medical diagnosis” category is separated into two categories: “medical condition associated with mental retardation/developmental delay” and “physician confirmation of other condition associated with mental retardation/developmental delay.”

and received services through an Individualized Family Service Plan (IFSP). Forty-nine of those IFSPs were still active as of October 2, 2006.

Thirty-one of 2005's 55 First Steps eligible children (56.4%) were determined eligible based on Medical Condition associated with MR/DD, 15 (27.3%) based on Very Low Birth Weight, seven (12.7%) due to Physician Confirmation of other condition associated with MR/DD, and two (3.6%) based on 50% delay in one developmental domain.

DHSS categorizes children based upon the degree of hearing loss: profound, severe, moderate, mild, and unknown. Of the 166 children on the 2005 list, 12 of

14 children in the 'profound' and 'severe to profound' categories (92.3%), 8 of 14 children in the 'severe' category (53.3%), 33 of 66 children in the 'moderate' and 'mild to moderate' categories (50.8%), 14 of 63 children in the 'mild' category (22.2%), and 4 of 9 children in the 'unknown' category had been referred to First Steps for eligibility determination.



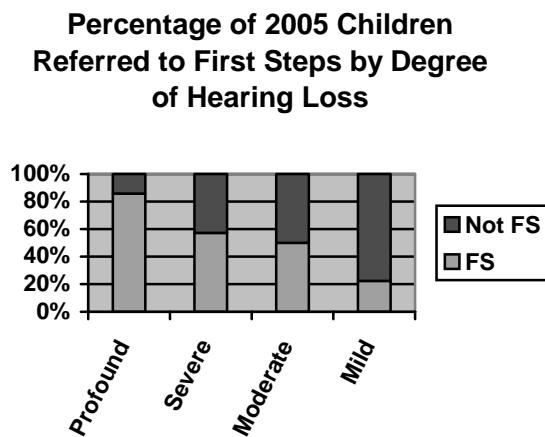
All 12 'profound' and 'severe to profound' children referred to First Steps were deemed eligible (100.0%), as were 7 of 8 'severe' children (87.5%), 22 of 33 'moderate' and 'mild to moderate' children (66.7%), and 10 of 14 'mild' children (71.4).

2005 NHS Children by Degree of Hearing Loss and First Steps Status					
Degree	Children	Referred to FS	% Referred	Received IFSP	Eligibility %
Mild	63	14	22.2%	10	71.4%
Mild-Moderate	66	33	50.0%	22	66.7%
Moderate					
Severe	14	8	57.1%	7	87.5%
Severe-Profound	14	12	85.7%	12	100.0%
Profound					

Data appears to indicate that children with a greater potential need for assistance (those in the 'profound,' 'severe,' or 'severe to profound' categories) are more likely to be referred to First Steps and found eligible than those children with a lesser need (those in the 'moderate,' 'mild to moderate,' and 'mild' categories). This

2005 Newborn Hearing Screening List	
166 total children	
71 in First Steps Database	
55 reached IFSP	
6 inactivations	
3 moved out of state	
1 deceased	
1 early completion of IFSP	
1 unable to contact/locate	
49 active IFSPs	

appears to be the case when all children on the 2002-2005 Newborn Hearing Screening list are considered, as well.



As the table below shows, 34.5% of all NHS children in the 'Mild' category, 55.7% of children in the 'Mild to Moderate' and 'Moderate' categories, 62.5% in the 'Severe' category, and 79.2% in the 'Profound' and 'Severe to Profound' categories, have been referred to First Steps.

Meanwhile, eligibility rates follow a rather similar upward slope. 'Mild' children are found eligible at a 79.8% rate, 'Mild to Moderate' and 'Moderate' children at a 74.8% rate, 'Severe' and 'Severe to Profound' at a 91.4% rate, and 'Profound' children at a 96.5% rate.

All NHS Children by Degree of Hearing Loss and First Steps Status					
Degree	Children	Referred to FS	% Referred	Received IFSP	Eligibility %
Mild	258	89	34.5%	71	79.8%
Mild-Moderate	185	103	55.7%	77	74.8%
Moderate					
Severe	56	35	62.5%	32	91.4%
Severe-Profound	72	57	79.2%	55	96.5%
Profound					

Based on the data for 2005 NHS children, 56 of 71 children referred to First Steps were found to have a disease or diagnosis represented by an ICD9 code and description (there were 76 total diagnoses for these 56 children). 31 of these 76 diagnoses (40.8%) were related to hearing loss (these are bold-faced below). The list of different descriptions is as follows:

- **Sensorineural Hearing Loss (specified and unspecified)** – 15 diagnoses
- **Hearing Loss (specified and unspecified)** – 13
- Low Birth Weight Status – 11
- Down's Syndrome – 5
- Disorders Relating to Extreme Immaturity of Infant – 4
- Spina Bifida (and Spina Bifida with Hydrocephalus) – 4
- Cleft Palate, Cleft Palate and Cleft Lip, or Other Combinations of Cleft Palate with Cleft Lip – 3
- Other Newborn Respiratory Problems After Birth – 2

- Other Specified Congenital Anomalies – 2
- Hydrocephalic Fetus Causing Disproportion – 2
- Encephalopathy – 2
- Congenital Hydrocephalus – 2
- Congenital Reduction Deformities of Brain – 1
- **Neural Hearing Loss – 1**
- **Conductive Hearing Loss (unspecified) – 1**
- Congenital Obstructive Anomalies of Heart – 1
- Unspecified Delay in Development – 1
- Nystagmus – 1
- **Sensory Hearing Loss – 1**
- Delayed Milestones – 1
- Congenital Cytomegalovirus Infection – 1
- Other Conditions Due to Chromosome Anomalies – 1
- Microtia - 1

For the 312 First Steps children on the NHS list, 263 of them have at least one ICD9 code diagnosis (a total of 426 diagnoses from 2002-2005, both hearing-related and not). The hearing-related diagnoses are as follows:

- Hearing Loss (specified and unspecified) – 82 diagnoses
- Sensorineural Hearing Loss (specified and unspecified) – 37
- Conductive Hearing Loss (specified and unspecified) – 9
- Central Hearing Loss – 4
- Deaf Mutism – 4
- Sensory Hearing Loss – 3
- Neural Hearing Loss – 3
- Other Specified Forms of Hearing Loss – 2

Based on degree of hearing loss, 26 of 57 NHS children in First Steps with ‘profound’ or ‘severe to profound’ hearing loss (45.6%) had a hearing-related ICD9 designation, along with 17 of 35 ‘severe’ children (48.6%), 29 of 103 ‘moderate’ and ‘mild to moderate’ children (28.2%), and 12 of 89 ‘mild’ children (13.5%).

Other ICD9 designations that appeared more than three times among the First Steps children from DHSS’ comprehensive Newborn Hearing Screening list are listed as follows:

- Unspecified Delay in Development – 19 diagnoses
- Down’s Syndrome – 14
- Low Birth Weight Status, 500-999 Grams – 11
- Disorders Relating to Extreme Immaturity of Infant – 11
- Cleft Palate (specified and unspecified) – 9
- Microcephalus – 5
- Congenital Hydrocephalus – 5

- Low Birth Weight Status, 1000-1499 Grams – 4
- Low Birth Weight Status, <500 Grams - 4

On the other hand, there were 57 children with a hearing-related ICD9 designation³ who were not on the NHS List and were receiving IFSP services on October 2, 2006. Of these 57, 26 had an ICD9 designation of specified or unspecified Hearing Loss (ICD9 codes: 389, 389.9), 23 had specified or unspecified Sensorineural Hearing Loss (389.1, 389.10), 4 had specified or unspecified Conductive Hearing Loss (389.00, 389.0), 1 had Deaf Mutism (389.7), 1 had Conductive Hearing Loss, Middle Ear (389.03), 1 had Neural Hearing Loss (389.12), and 1 had Other Specified Forms of Hearing Loss (389.8).

For the 71 NHS children born in 2005 and referred to First Steps, there were 89 referral sources. For the 72 referrals from 2004, there were 97 referral sources; for the 88

First Steps Referral Sources for NHS Children by Year of Birth					
<i>Referral Source</i>	<i>2005</i>	<i>2004</i>	<i>2003</i>	<i>2002</i>	<i>Total</i>
Parent	22	35	40	23	120
NICU	26	25	16	2	69
Hospital (other than NICU)	20	17	14	8	59
Physician (including Psych.)	4	2	8	8	22
Other Health Care Provider	4	6	6	3	19
Department of Mental Health (DMH)	0	1	1	16	18
Parents as Teachers	5	1	7	2	15
Head Start/Early Head Start	0	1	4	9	14
Social Service Agency (inc. DFS)	3	1	5	4	13
Other LEA program	0	3	0	9	12
Child Care program/provider	1	1	5	4	11
None	0	0	0	8	8
Dept. of Health & Senior Services (DHSS)	1	3	1	0	5
Public Health facilities/providers	3	1	0	0	4
Other Referral Sources	0	0	0	4	4
Missouri School for the Deaf (MSD)	0	0	3	0	3
Total	89	97	110	100	396

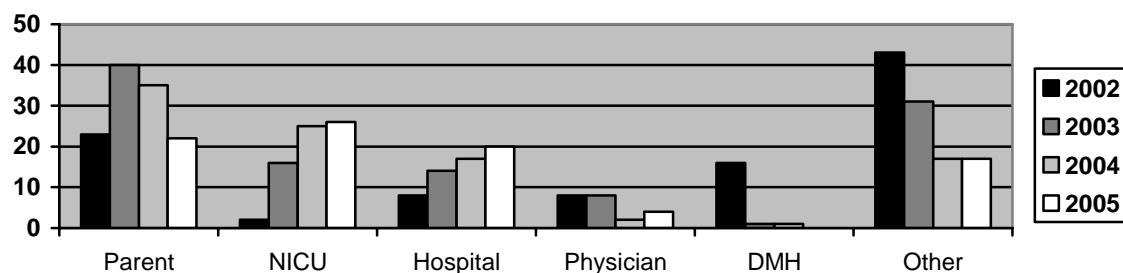
referrals from 2003, there were 110 referral sources; and for the 81 referrals from 2002, there were 100 referral sources.

Despite these adjustments, as the table above indicates, data still shows that—as in years past—the most common primary referral sources of children with hearing concerns in the First Steps system are Parents, NICU, and Hospital (other than NICU).

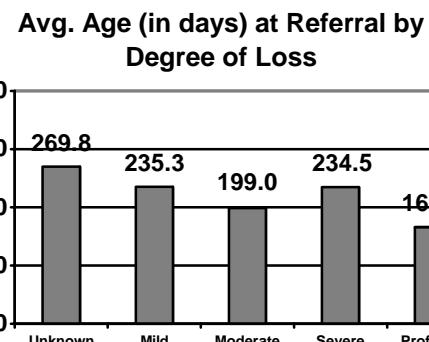
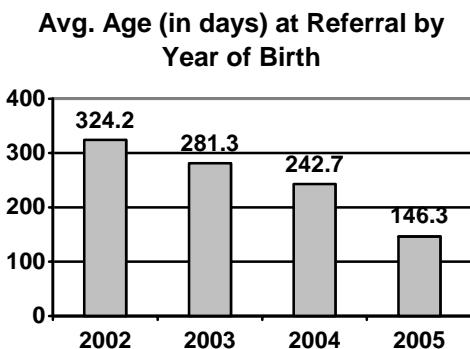
From 2002 to 2005 a trend has emerged. NICU and Hospital (other than NICU) referrals have increased significantly. This is consistent with the efforts of First Steps and the Department of Elementary and Secondary Education to increase NICU involvement.

³ Of those 57 children, 12 were born in 2005, 25 were born in 2004, and 10 were born in 2003.

Number of Hearing Screening Children Referred to First Steps Program by Referral Source



The national Early Hearing Detection and Intervention (EHDI) goal regarding Part C is to have infants enrolled in the Part C program by 6 months of age. The following table shows the average age at first referral by birth year and degree of hearing loss.



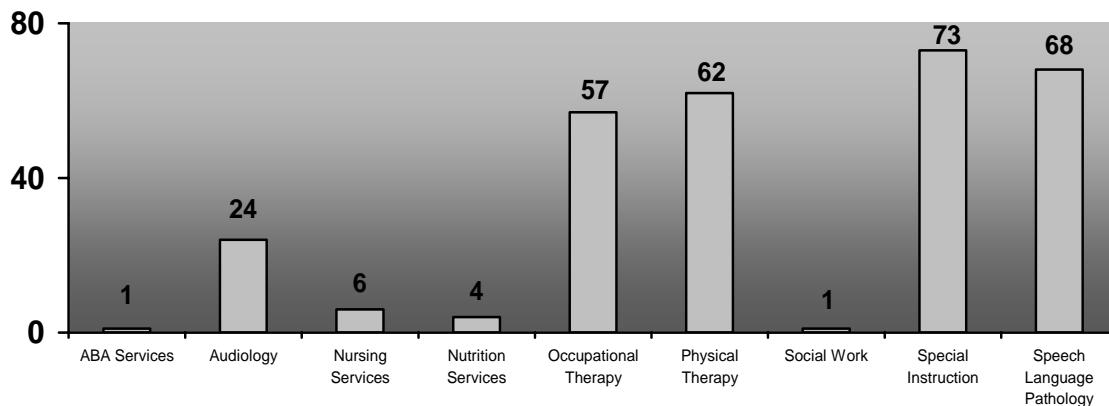
Section Two: Early Intervention Services

IDEA and the Missouri state regulations require that Part C funds may only be used for Early Intervention services that an eligible child needs but is not currently entitled to under any other Federal, State, local or private source. Services and assistive technology reported in this section reflects only those services paid for with Part C funds.

There have been 5,039 non-Assistive Technology services authorized in IFSPs for Newborn Hearing Screening Children (2002-2005). The types of service and the service delivery methods are displayed in the following table.

Service Type	Direct Child Service	Evaluation/Assessment	Consultation/Facilitation with Others	Family Education/Training/Support	Group Service	Total
Speech Language Pathology	800	254	197	43	4	1,298
Special Instruction	651	121	150	143	148	1,213
Physical Therapy	633	169	127	7	0	936
Occupational Therapy	587	182	125	11	0	905
Audiology	206	94	45	71	0	416
Nutrition Services	47	37	13	6	0	103
Nursing Services	18	32	5	3	0	58
Social Work	7	29	5	3	0	44
Bilingual Interpreter	19	8	0	0	0	27
Applied Behavior Analysis	14	2	0	2	0	18
Vision Services	8	1	0	0	0	9
Sign Interpreter	7	1	0	0	0	8
Medical Services	0	2	2	0	0	4
Grand Total	2,997	932	669	289	152	5,039

As of October 2, 2006, 116 children from the Newborn Hearing Screening list were receiving active non-AT First Steps Services. Of these children, 73 were receiving Special Instruction (62.9%), 68 were receiving Speech Language Pathology (58.6%), 62 were receiving Physical Therapy (53.4%), 57 were receiving Occupational Therapy (49.1%), 24 were receiving Audiology (20.7%), 6 were receiving Nutrition Services (8.2%), 4 were receiving Nursing services (5.5%), and 1 each were receiving Bilingual Interpretation, Social Work, Sign Interpreter, and Applied Behavior Analysis (ABA) (1.4% each). This list is shown in the chart below.



Newborn Hearing Screening List Children receiving services as of October 2, 2006.

Conversely, on October 2, 2006, there were fifty children not found on the NHS list who had an active Audiology authorization. Those fifty children had a total of 90 active Audiology authorizations. Thirty-one of those 90 were Direct Child Service authorizations, while 15 were Family Education/Training/Support authorizations, 8 were Evaluation/Assessment authorizations, and 1 was a Consultation/Facilitation

with Others authorization. There were also 17 active authorizations for Tympanometry, 17 for Visual Reinforcement Audiometry, and one for OAE Complete-Comprehensive or Diagnostic Evaluation.

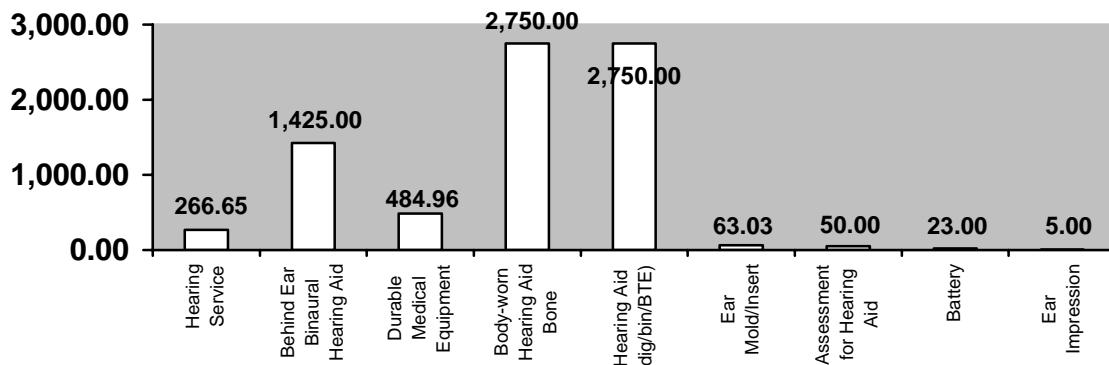
Section Three: Amplification and Other Assistive Technologies

During the period of August 1, 2005, to July 31, 2006, 36 of the Newborn Hearing Screening children with First Steps IFSPs received some type of amplification device or other assistive technology through the First Steps system. A total of 201 authorizations for assistive technology for these children cost the system \$62,706.85, or an average of \$311.97 per authorization. Assistive technology ranged from AA batteries (\$1.50) to behind-the-ear digital hearing aids (\$2,750).

The 200 authorized assistive technology devices could be separated into 19 Healthcare Common Procedure Coding System (HCPCS) categories, nine of which were hearing-related. Those nine categories are presented below, in order of cost (highest to lowest):

- Hearing Service (V5299) - \$36,531.00
 - 137 authorizations, \$266.65 per authorization
- Durable Medical Equipment, Miscellaneous (E1399) - \$3394.71
 - 7 authorizations, \$484.96 per authorization
- Behind Ear Binaural Hearing Aid (V5140) - \$5,700.00
 - 4 authorizations, \$1,425.00 per authorization
- Body-worn Hearing Aid Bone (V5040) - \$2,750.00
 - 1 authorization, \$2,750.00 per authorization
- Hearing aid, digital, binaural, BTE (V5261) - \$2,750.00
 - 1 authorization, \$2,750.00 per authorization
- Ear Mold/Insert (V5264) - \$189.10
 - 3 authorizations, \$63.03 per authorization
- Assessment for Hearing Aid (V5010) - \$50.00
 - 1 authorization, \$50.00 per authorization
- Battery for Hearing Device (V5266) - \$23.00
 - 1 authorization, \$23.00 per authorization
- Ear Impression (V5275) - \$5.00
 - 1 authorization, \$5.00 per authorization

The amount spent per authorization for hearing related assistive technology is shown in the following graph.



Amount per Authorization spent on Hearing-related Assistive Technology devices and procedures, August 2005 through July 2006

Section Four: Children with Sensorineural or Conductive Hearing Loss

Thirty-five of the 37 NHS children (2002-2005) given an ICD9 designation of Sensorineural Hearing Loss (specified or unspecified) in the First Steps system have received IFSP authorizations for something other than assistive technology, transportation, or team meetings; eight of the nine children diagnosed with Conductive Hearing Loss (specified or unspecified) have received these specified authorizations. Following is a listing of service type authorizations for all NHS children compared to those with Sensorineural and Conductive Hearing Loss:

Service Type	All NHS Children			Children with Sensorineural Hearing Loss			Children with Conductive Hearing Loss		
	% of Children Rec. Service	Avg. Monthly Hrs. per Auth	Avg. Auths per Child	% of Children Rec. Service	Avg. Monthly Hrs. per Auth	Avg. Auths per Child	% of Children Rec. Service	Avg. Monthly Hrs. per Auth	Avg. Auths per Child
Audiology	25.9%	1.6	6.8	48.6%	1.7	6.0	37.5%	1.1	5.3
Med. Services	0.4%	2.9	4.0	0.0%	N/A	N/A	0.0%	N/A	N/A
Nursing Services	9.0%	3.1	2.4	0.0%	N/A	N/A	0.0%	N/A	N/A
Nutrition Services	9.8%	1.8	4.4	2.9%	2.1	3.0	0.0%	N/A	N/A
Occu. Therapy	58.3%	3.4	5.9	28.6%	3.1	4.4	50.0%	2.9	3.5
Physical Therapy	57.9%	3.4	6.2	25.7%	2.6	3.7	50.0%	2.5	4.3
Social Work	6.8%	2.6	2.5	2.9%	6.2	7.0	0.0%	N/A	N/A
Special Instr.	65.4%	6.6	7.1	82.9%	8.3	7.5	87.5%	10.3	3.7
Applied Beh. Analysis	2.3%	17.6	3.0	2.9%	21.4	2.0	0.0%	N/A	N/A
Speech Language Pathology	71.8%	4.1	7.0	65.7%	4.4	4.8	75.0%	3.2	5.8
Vision Services	1.1%	2.2	3.7	0.0%	N/A	N/A	0.0%	N/A	N/A

As for Assistive Technology, 13 children with Sensorineural Hearing Loss and two with Conductive Hearing Loss received an AT service between August 1, 2005, and July 31, 2006.

The 13 sensorineural loss children received a total of 78 assistive technology authorizations (6.0 per child) at a cost of \$18,704 (\$239.79 per authorization, \$1,438.77 per child). The 78 authorizations are listed below with their corresponding HCPCS code:

- Hearing Service (V5299): 72 authorizations, \$15,585 (\$216.46 per authorization).
- Ear mold/insert (V5264): 3 authorizations, \$195 (\$65.00 per person).
- Hearing Aid – digital, binaural, BTE (V5261): 1 authorization, \$2,750.
- Hearing Aid – binaural, BTE (V5140): 1 authorization, \$100.
- Foot arch supp longitud/meta (L3060): 1 authorization, \$74.

The two conductive loss children received a total of 17 assistive technology authorizations (8.5 per child) at a cost of \$5,900 (\$347.06 per authorization, \$2,950 per child). The 17 authorizations are listed below with their corresponding HCPCS code:

- Hearing Service (V5299): 15 authorizations, \$400 (\$26.67 per authorization)
- Hearing Aid – binaural, BTE (V5140): 2 authorizations, \$5,500 (\$2,750.00 per authorization)

Since there is a large disparity between prices of services defined as “Hearing Service (V5299),” following are the descriptions of services authorized more than once under this HCPCS code:

- Batteries/Hearing Aid Batteries (15 authorizations, \$22.40 per authorization)
- Earmolds (9 authorizations for sensorineural and conductive loss children, \$67.22 per authorization)
- Miscellaneous Accessories (5 authorizations, \$25.00 per authorization)
- Otoferm/Otoease (4 authorizations, \$5.31 per authorization)
- Phonak Campus S transmitter (2 authorizations, \$947.25 per authorization)
- Earmolds (2 authorizations, \$70.00 per authorization)
- Dry Briks (2 authorizations, \$2.50 per authorization)
- Critter Clip (2 authorizations, \$17.50 per authorization)

The Missouri Newborn Hearing Screening Program categorizes children with a confirmed hearing loss not only by degree of loss, but also by type of loss. The most identified hearing loss types are conductive loss and sensorineural loss.

On the 2005 NHS list, there were 30 children with sensorineural loss and 37 with conductive loss.

Of the 30 children designated with sensorineural loss, 24 had been referred to First Steps as of October 2, 2006. They are represented on the following table:

2005 Sensorineural Hearing Loss Children by Degree of Hearing Loss and First Steps Status⁴					
Degree	Children	Referred to FS	% Referred	Received IFSP	Eligibility %
Mild	5	3	60.0%	3	100.0%
Mild-Moderate	8	8	100.0%	5	62.5%
Moderate					
Severe	4	3	75.0%	3	100.0%
Severe-Profound	11	8	72.7%	8	100.0%
Profound					

Of the 19 sensorineural loss children who received an IFSP, three had been inactivated as of October 2, 2006—one moved out of state, one was unable to contact/locate, and one was deceased.

Of the 37 children designated with conductive loss, 14 had been referred to First Steps as of October 2, 2006. They are represented on the following table:

2005 Conductive Hearing Loss Children by Degree of Hearing Loss and First Steps Status					
Degree	Children	Referred to FS	% Referred	Received IFSP	Eligibility %
Mild	13	5	38.5%	1	20.0%
Mild-Moderate	24	9	37.5%	6	66.7%
Moderate					
Severe	0	0	N/A	0	N/A
Severe-Profound	0	0	N/A	0	N/A
Profound					

⁴ Two of the children with Sensorineural hearing loss were given an unknown degree of loss; therefore they do not show up in this table.

Section Five: Follow-up on Children born in 2002 and identified through the NHS Program

Of the 152 children born in 2002 and identified by the Newborn Hearing Screening program, 81 were found in the First Steps database as of October 2, 2006. Sixty-eight of those 81 were found eligible and entered into the IFSP process, and only 1 was still active in the First Steps system (due to a compensatory IFSP).

In comparison, DESE's August 2005 report indicated the following: 78 children in the First Steps system (a 3.8% increase from 2005 to 2006) and 67 determined eligible (an increase of just 1.5%).

<u>2002 Newborn Hearing Screening List</u>	
152 total children	
81 in First Steps Database	
68 found eligible	
67 inactivated	
	50 Transition to Part B
	4 Unable to Contact/Locate
	3 Moved Out of State
	3 Pt. B Elig in Process
	3 Pt. B Ineligible, Exit without Referral
	2 Early Completion of IFSP
	1 Child Deceased
	1 Withdrawn by Parent/Guardian
1 active IFSP	

With most of the 2002 NHS children having aged out of First Steps eligibility, now is a good time to begin looking at Part B-related exit reasons. Disregarding those children inactivated because of reasons such as "Unable to Contact/Locate," "Moved Out of State," "Child Deceased," or "Withdrawn by Parent/Guardian," 58 children from the 2002 NHS list were inactivated after receiving some amount of First Steps services. Fifty of them (86.2%) transitioned into Part B services, 3 (5.2%) were inactivated while their Part B eligibility was still in process, 3 were determined Part B ineligible, and 2 (3.4%) were inactivated due to early completion of their IFSP and fulfillment of all Special Education goals.

Section Six: Follow-up on Children born in 2003 and Identified through the NHS Program

Of the 154 children born in 2003 and identified by the Newborn Hearing Screening program, 88 were found in the First Steps database. Seventy-four of those 88 were found eligible and entered into the IFSP process, and 54 were listed as still active in the system as of October 2, 2006.

In comparison, DESE's August 2005 report showed 83 NHS children in the First Steps database (a 6.0% increase from 2005 to 2006), 70 determined eligible based on Missouri's eligibility criteria (a 5.7% increase), and 58 determined eligible and still active in the First Steps system (a 6.9% decrease).

<u>2003 Newborn Hearing Screening List</u>	
154 total children	
88 in First Steps Database	
74 reached IFSP	
54 inactivated	
	29 Transition to Part B
	5 Moved Out of State
	5 Pt. B Referral Refused by Parent/Guardian
	3 Withdrawn by Parent/Guardian
	3 Pt. B Eligibility in Process
	2 Completion of IFSP
	2 Child Deceased
	2 Pt. B Ineligible, Exit without Referral
	2 Pt. B Ineligible, Exit to Other Program
	1 Moved to Another SPOE
20 active IFSPs	

As the 2003 NHS children begin to age out of First Steps eligibility, it begins to become relevant to look at Part B-related exit reasons for these children in addition to the 2002 children above. There have been 43 children from the 2003 list to exit the program for a Part B-related reason. Twenty-nine of them (67.4%) transitioned to Part B, 5 (11.6%) had their Part B referral refused by a parent/guardian, 3 (7.0%) exited First Steps with their Part B eligibility still in process, 2 (4.7%) were inactivated due to early completion of their IFSP and fulfillment of all Special Education goals, 2 were determined ineligible for Part B services and exited without a referral, and 2 were determined Part B ineligible and exited with referrals to other programs.

B ineligible and exited with referrals to other programs.

Section Seven: Follow-up on Children born in 2004 and Identified through the NHS Program

Of the 165 children born in 2004 and identified by the Newborn Hearing Screening program, 72 were found in the First Steps database as of October 2, 2006. Fifty-eight of those 72 were found eligible and entered into the IFSP process, and 47 were listed as still active in the First Steps system.

In comparison, DESE's August 2005 report indicated the following: 62 children in the First Steps database (a 16.1% increase), 49 found eligible (an 18.4% increase), and 43 active IFPs (a 9.3% increase).

<u>2004 Newborn Hearing Screening List</u>	
165 total children	
72 in First Steps Database	
58 reached IFSP	
11 inactivated	
	3 unable to contact/locate
	3 moved out of state
	2 deceased
	2 withdrawn by parent/guardian
	1 early completion of IFSP
47 active IFSPs	
2 still in referral	

As none of the 2004 NHS children have turned three years old yet, only one child has been inactivated from First Steps due to a reason (early completion of IFSP) other than "Unable to contact/locate," "Moved out of state," "Deceased," or "Withdrawn by parent/guardian."

Conclusion

As more Newborn Hearing Screening children begin to appear in the First Steps program, more assessments of trends and data can be made. As would be assumed, there is a significant increase in First Steps participation between the first and second year for Newborn Hearing Screening children (meaning the percentage of 2002 NHS children found in the First Steps database increased between 2003 and 2004; the percentage of 2003 NHS children increased between 2004 and 2005). For the 2002 NHS children, their third year saw a similar increase in First Steps participation, while their fourth year predictably saw a marginal increase at best since those children have aged out of the system.

<i>Percent of NHS Children found in First Steps database as of report date</i>				
	First Year	Second Year	Third Year	Fourth Year
2002 children	31.0%	42.8%	51.3%	53.3%
2003 children	46.8%	53.9%	57.1%	
2004 children	37.6%	43.6%		
2005 children	42.8%			

As in previous reports, those children with severe and profound hearing loss are more likely to be found in the First Steps database and found eligible according to the First Steps eligibility criteria. Children on the Newborn Hearing Screening list are most likely to be referred to First Steps by either their parents, Hospitals, or Neonatal Intensive Care Units (NICU) and, if found eligible, receive speech language pathology and special instruction authorized on their Individualized Family Service Plan (IFSP).

A concern expressed in last year's report was that only 37.6% of 2004 NHS children were found in the First Steps database, which was much lower than the first-year total of 46.8% for 2003 children in the 2004 report. The 2004 total for NHS children in First Steps improved to 43.6%, while 2005 children had a first-year total of 42.8%.